

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 576 970

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5		2				
6		①				
7		①				
8		①				
9	1		1			
10		1				
11		1				
12		1				
13		1				
14		2				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①	1			
21		①				
22		①				
23		①				
24	1		1			
25		①				
26		①				
27	1		1			
28		①				
29		1				
30		①	1			
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49						
50						
TOTAL IND.	4	↓	6	↓		↓
TOTAL DEP.	24	←	29	←		←
TOTAL CLAIMS	33		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						